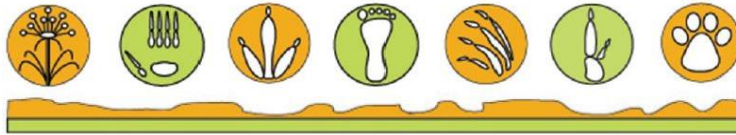


BARKLY REGIONAL COUNCIL



Youth Advisory Council Nomination Form

1. NOMINATOR TO COMPLETE

I, First Name: _____ Family name: _____ am aged 18 years or over and am a resident of the Barkly region.

I hereby nominate:

First name: _____ Family name: _____ as a member of Youth Advisory Council.

I confirm that the nominee is between the ages of 14-18 years old at the time of nomination and regularly attends school within the Barkly region in accordance with the Youth Advisory Council Terms of Reference.

2. GUARDIAN(S) TO COMPLETE

I/We, the guardian(s) of the nominee, hereby confirm the nomination of:

First name: _____ Family Name: _____ as a member of the Youth Advisory Council. Contact phone number: _____

Signature: _____

3. NOMINEE TO COMPLETE

I, First name _____ Family name _____, hereby consent to be nominated as a member of the Youth Advisory Council for a period of 24 months.

I declare that I am eligible to be nominated as a member of the Youth Advisory Council because I am aged between 14 and 18 years old and regularly attend school in the Barkly region.

Contact Email: _____

Signature of Nominee Date

Steve Moore – Chief Executive Officer
